



*Lynn Fitch*  
STATE TREASURER  
COLLEGE SAVINGS MISSISSIPPI

## Savings Shoot Out Registration Form

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Waiver:** In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event or while I am on the premises of the event. I am also aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with others, effect of weather, traffic, and conditions of the road. I, for myself and heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for any liability, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand if chosen, I will be required to shoot a free-throw at the MS High School regulation goal height. By participating in the Contest, I the entrant or the Entrant's parent or legal guardian fully and unconditionally agree to and accept the contests Official Rules and the decisions of the Sponsor, the judges and the Administrator, which are final and binding in all matters related to the Contest.

I hereby grant full permission to any and all above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or guardian must sign for participants under 18 years of age)